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# PROSAF/BENIN 2000

*The Benin  
Integrated  
Family  
Health  
Program*



U.S. Agency for International Development

Promotion Intégrée de Santé Familiale dans le Borgou et l'Alibori

Benin Ministry of Health



# PROSAF 2000

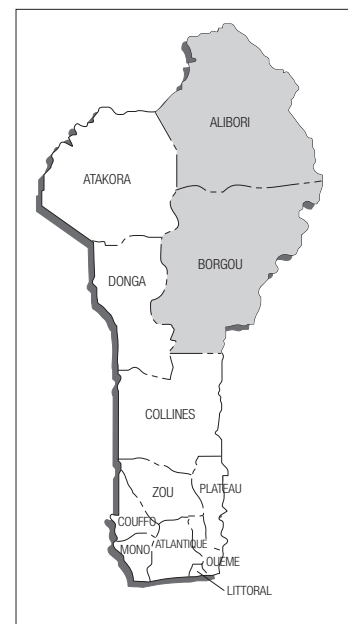
*U*SAID/Benin supports health and family planning activities in Benin with the goal of “increasing use of family health services and prevention measures within a supportive policy environment.” The Benin Integrated Family Health Program, (PROSAF – Promotion Intégrée de Santé Familiale dans le Borgou et l’Alibori) actively supports USAID/Benin through a decentralized and integrated program of family health services in two health departments in Benin (Borgou and Alibori).

These departments in northern Benin cover almost half of the country’s landmass and approximately 20% of its population (see map at right). They were chosen based on the severity of their health problems, the presence of an emerging private

health sector, and the potential to integrate the program’s health activities with USAID’s activities in education, democracy, and governance in these departments.

PROSAF works closely with the Ministry of Health (MOH). PROSAF’s activities directly support the MOH’s priorities, namely family health, improved prevention and management of priority diseases, improved health services management through capacity building, and health zone development. Additionally, an important component of PROSAF’s program focuses on the government’s desire to strengthen the involvement of communities and the private sector in health care.

A consortium of four organizations implements PROSAF. University Research Co., LLC (URC) is the main contractor



responsible for overall technical and administrative direction for PROSAF, and for managing a team of three subcontractors: the Association Béninoise pour la Promotion de la Famille (ABPF), the Cooperative League

*...an important component of PROSAF's program focuses on the government's desire to strengthen the involvement of communities and the private sector in healthcare.*

of the USA (CLUSA) and the Program for Appropriate Technology in Health (PATH). URC is responsible for improved health planning and coordination, improved access to integrated family health services and products, capacity building of health workers, and the development of health education materials. ABPF works to increase access to family health services and products in the program area, building on its experience in family planning and STD/HIV services throughout Benin. CLUSA provides expertise in innovative training and empowerment of community level orga-

nizations to participate in local health service management. PATH supports activities aimed at changing the behavior of providers and communities to achieve better health.

PROSAF works in the following five distinct, yet complementary, areas of family health service management:

1. **Improved health planning and coordination.** The focus of this management intervention is to help the department and the new health zones improve their planning processes and to strengthen coordination of activities among all programs and health centers.
2. **Increased access to family health services (including family planning, maternal and child health, sexually transmitted diseases, and HIV).** Communities need access to services in all components of family health at their health centers, and to be able to openly communicate, preferably in their own language, with health workers.
3. **Increased capacity of health care workers to provide quality services.** All health care workers need to be well trained and able to deliver the integrated package of health services according to the nationally established clinical guidelines. They also need to be able to monitor their own work and make ongoing improvements when necessary.
4. **Increased knowledge and behaviors supporting the use of family health services, products, and prevention measures.** Both communities and providers need to have the knowledge, information and materials necessary to

**Table 1 : Summary of PROSAF Expected Results**

<b>1: Improved health planning and coordination</b>	<b>2: Increased access to FP/MCH/STD/HIV services</b>	<b>3: Increased capacity of health workers to provide quality services</b>	<b>4: Increased knowledge and behaviors supporting use of FP/MCH/STD/ HIV services, products &amp; prevention measures</b>	<b>5: Increased community involvement in planning and delivery of community-level health service and prevention measures in selected target area</b>
<b>1.1:</b> Develop and implement plan to increase capacity of Dept. and SP officials to plan and deliver health services	<b>2.1:</b> Assist MOH to develop national logistics management system (with FPLM)	<b>3.1:</b> Assist MOH to adapt and pilot test IMCI strategy in collaboration with BASICS	<b>4.1:</b> Conduct formative and qualitative research to identify appropriate strategies and messages	<b>5.1:</b> Work with BINGOs and others to develop selection criteria, and based on criteria, Identify 2-3 Sub-prefectures for BINGOs related NGO training
<b>1.2:</b> Develop annual strategic and operational action plans, in collaboration with public, private and donor partners	<b>2.2:</b> Improve supply and commodity distribution to and throughout Borgou, emphasizing family health commodities	<b>3.2:</b> Assist MOH to expand role of midwives, including provision of emergency post-partum and neonatal care (PRIME)	<b>4.2:</b> Develop and test specific materials and messages on FP themes using traditional media/ IEC	<b>5.2:</b> Provide follow-up of other related results packages with selected health centers and communities (training/ IEC activities in family health, prevention)
<b>1.3:</b> Improve data collection procedures for family health indicators	<b>2.3:</b> Expand availability of integrated basic package of family health services	<b>3.3:</b> Disseminate norms, standards and protocols of family health to health agents	<b>4.3:</b> Include IEC and counseling in all in-service and pre-service training courses	<b>5.3:</b> Identify training needs of COGES and COGEC and strengthen capacities to manage resources and be more involved in health prevention and outreach activities
<b>1.4:</b> Review decentralization plans, make recommendations, and apply accepted policies and procedures	<b>2.4:</b> Work with PSI and others to develop and implement strategy to increase community-level distribution of family health products	<b>3.4:</b> Assess training needs of all types of health workers and develop training plan to meet needs	<b>4.4:</b> In collaboration with BINGOs, HEPS and others, organize local NGOs to train social workers, ag extension agents in health IEC	<b>5.4:</b> Recommend and finance sustainable community level interventions using innovative approaches to increase community participation
<b>1.5:</b> Provide leadership for coordinated management of USAID funded activities		<b>3.5:</b> Develop regional training team with skills to provide in-service training	<b>4.5:</b> Include IEC activities in operational community-based development programs	
<b>1.6:</b> Participate in development of work plans for field support projects to assure complementarity and coordination		<b>3.6:</b> Develop creative ways to increase knowledge of health workers, including easy access and exchange of health info and techniques	<b>4.6:</b> Develop and carry out a plan to increase capacity of health officials to develop, communicate and measure impact of IEC messages	
		<b>3.7:</b> Assist DDS to develop formative supervision plan		
		<b>3.8:</b> Develop reporting system to monitor training and performance of health workers		

*“We would never have thought that an entire workshop could be held in our own language, with handouts and everything.”*

make informed choices for care, and need to take responsibility for their own health behavior.

5. **Increased public involvement in the planning and delivery of community-level health services and prevention measures in selected target areas.** Health centers need to be actively supported by the families and community organizations that they serve.

PROSAF aims to strengthen the ability of communities to take an active role in the delivery of health care services in their region.

The specific results that PROSAF is expected to achieve over the life of the project are summarized in Table 1 on the previous page.

PROSAF works in all zones of Borgou and Alibori, but some activities are carried out more intensively in two health zones—Banikoara and Sinendé/Bembèrèkè. This is particularly the case for work at the community level. Eight Community

Facilitators live in these two zones and work intensively with health facility staff, Commune and Sub-Prefecture Management Committees (COGEC/COGES), volunteer Community-Based Service Agents (CBSA), and community members.

PROSAF is an integrated health care program. The PROSAF team is proud to have established close working relationships with those who provide health services in the Borgou and Alibori and with the communities that use these services. Integration also refers to the kind

of health services that will best serve the needs of the people. In October 2000 PROSAF carried out an exercise to develop a vision that best reflects what it strives to accomplish. The PROSAF vision for quality integrated services focuses on five distinct levels: the family and community, community organizations, health providers/centers, Health Zone Management Teams (HZMT), and the Departmental Directorate of Public Health (DDSP). Technical assistance is tailored to each level. At the family and household level,

# PROSAF Visions

## **Families and Communities**

should be able to access quality, integrated services, both at health centers and in the community. They have the right to be politely and professionally received, to get the information they need to make informed decisions about their health care. At the same time, they must assume certain responsibilities, such as actively seeking care when they need it, sharing information about their health with health care providers, and expressing their thoughts on what constitutes desirable health services. Finally, families should be able to meet their health needs at a reasonable cost.

## **Community Organizations**

(COGEC, CVS, women's groups, etc) also have an important role to play. They should participate in the process of deciding how services will be organized to increase access, and also help with management functions (such as budgeting, planning,

pricing, and oversight of services). Community organizations have the responsibility to inform and mobilize the population, thereby providing important links with health services. In addition, they are an important source of support and motivation for all types of health workers.

## **Health Centers/Health**

**Workers** have the responsibility to provide quality integrated services on a daily basis, as well as to supervise the work of community-based service agents. They should interact with each other and with other actors and community groups in a spirit of teamwork and collaboration. In order to do this most effectively, health workers have the right to be cross-trained in different areas, to be appropriately supervised, and to know how to maximize the resources available to them. Part of their motivation will also include being paid on time and working in a positive environment that favors initiative.

## **Health Zone**

### **Management Teams (HZMT)**

have numerous responsibilities in the areas of planning, management of resources and information, and coordination. They need to have a clear mission and policies, and plan and monitor the integration of all services. In order for each team to be most effective, all teams need to document their work and share their lessons learned. They also will be responsible for maintaining a positive working relationship with communities and encouraging them to generate income for health care. Health Zone Management Teams will require skills in training, supervision, monitoring, evaluation, and quality assurance in order to carry out their work, and they have the right to control over enough fairly allocated resources.

### **The Departmental Direction of Public Health**

(DDSP) has significant responsibilities in terms of planning and resource management. It must develop a plan for the department as a whole and ensure the

application of health reforms. It is expected to ensure adequate resources for training, supervision, and supplies, and to make fair and rational personnel postings. In order to fulfill its many and varied roles, the DDSP will first acquire skills in training, supervision of HZMT, evaluation, coaching, and advocacy. Collaboration with partners and author-

ities will be essential to help coordinate and implement activities. The DDSP will take the lead in creating and implementing mechanisms for health personnel motivation, supported by the Health Zone Management Teams.



the focus of PROSAF assistance is on promoting healthy behaviors and community-based services. With community organizations, the emphasis is on mobilization and health education activities. Health worker and health center support focuses on training, supply and supervision. At the level of the Health Zone Management Teams and the Department, work is mostly directed towards improved planning and monitoring.

After its first two years, PROSAF has succeeded in establishing very close working relationships with all main partners working in health in Borgou and Alibori. PROSAF also works closely with other USAID-funded programs and other donor agencies to accelerate positive changes and develop systems that will be sustainable when donor funding ends. Early in the year PROSAF hosted a visit from the Minister of Health and the Director of USAID that underscored the recognition by both the MOH and USAID of the importance of PROSAF's work

for improving the functioning of the whole health system in the two departments.

The key activities for each project component carried out by PROSAF during 2000, and related significant accomplishments, are described below.

## **1. Improved Health Planning and Coordination**

Under this component of the project, PROSAF works to improve public and private sector health planning and coordination within the two departments, to reinforce the management capacity of health personnel and their use of data, and to coordinate with other USAID-funded projects.

Benin has been undergoing a process of decentralization in both the administrative and health sectors since the mid-1990s. The area that once constituted only the Borgou department has been split into two departments—the Borgou and Alibori. The departments have been further divided into seven health zones. Under the new decentralization laws each of these entities has new roles, powers, and responsibilities. PROSAF has been instrumental in disseminating the new decentralization policies, and in helping various actors to understand their new roles.

PROSAF has been active in strengthening departmental, zonal and community level decentralized planning. One essential component has been the introduction of quality assurance (QA) and team-based management. Quality assurance has been part of all of PROSAF's work as evidenced by the emphasis on improving systems, the participatory processes used to build consensus for their

## 2000 Accomplishments in Planning and Coordination

- Evaluation of the 1997-1999 DDSP three-year plan as a basis for departmental planning
- Development of the vision and mission statement for the new DDSP three-year strategic plan (2000-2002)
- Development of three-year strategic plans for four health zones based on community inputs and strategic directions identified in the Management Assessment
- Development and implementation of quarterly data monitoring guide
- Dissemination of information on decentralization throughout the departments
- Establishment of planning and coordination mechanisms with the DDSP, partners and the HZMT

reinforcement, and the attention given to improving data collection and analysis. Quality assurance principles have been introduced to all zones and the department level as an initial step to instill a culture of quality. The novelty of the quality assurance approach captured the attention of the MOH this year, and PROSAF co-sponsored two orientation workshops for central and department level leaders. All health personnel now share a common perspective of the main processes that need to be strengthened, on the importance of monitoring program performance, on the need to satisfy the need of the customers, and on working together towards improvements. PROSAF has focused its efforts to strengthen the use of QA in its concentration zones.

## 2. Increased Access to Family Health Services

Several important systems have been identified as essential to improving the population's access to health services, and ensuring that drugs and family planning products are available. During this year PROSAF has focused on strengthening the logistics management system, improving the supply and distribution of family health commodities, extending the availability of an integrated package of family health services, and increasing community-level availability of family health services and products.

PROSAF and the DDSP have put significant effort into assessing and revising the logistics management system. The 1999 management assessment revealed that only 46% of health centers had not experienced stock-outs in the previous three months. At the end of 2000 this number had fallen to 13.8%, but many of the factors that influence stocks are beyond PROSAF's control.

To improve access to family health services, PROSAF and the DDSP have launched an initiative to make an integrated basic package of family health services more available and to increase the capacity of health facilities and providers to offer this package at all times. Increased availability means that every client who comes to any health facility, for any reason, has automatic access to the integrated package of family health services. In 1999 only 12% of health centers offered all family health services every day. By the end of 2000 this figure had increased to 24%.

*"I finally understand that integration is necessary even in hospitals. After the Kandi workshop, I received a woman who came in for a post-natal consultation with her newborn. She also had with her a young son who was suffering from measles with respiratory and ocular complications. The woman had given birth in my hospital one month before. At the time I was not concerned about the vaccination status of her last child. If I had been, this child would have been vaccinated and would not be in such serious condition that he had to be taken to the hospital."*

PROSAF is contributing to the expansion of family health service delivery by placing these services closer to the population via Community Based Service Agents (CBSA). PROSAF has refined a CBS model by incorporating lessons learned from the experience of Africare's child survival project in Benin and from CLUSA's experience in community development. During the second quarter, 202 CBSA's were chosen and confirmed by their communities and the contents of their kits were approved. The kits will contain a variety of family health products, including oral rehydration packets, impregnated mosquito nets, chloroquine tablets, acetaminophen, aspirin, condoms, spermicides, and oral contraceptives (to supply women who have already been prescribed the pills by a qualified health worker). The CBSA will be re-supplied primarily through the public health system but the initial stock of supplies has been co-financed through various partners.

### 3. Increased Capacity of Health Workers to Provide Quality Services

The major activities carried out by PROSAF for this component include: assessment and improvement of training and supervision systems (including IMCI and QA), integration and improved organization of services using a quality assurance approach, development of monitoring and reporting systems, and strengthening the ties of health workers to the local communities in which they work.

The 1999 Management Assessment included an assessment of training needs in the departments. The results showed that only 33% of the health workers in the program area had received at least three in-service training sessions in the previous twelve months. Assessment of the performance of these workers in adherence to norms and standards revealed a need to improve the quality of training.

PROSAF's training approach and methods are competency-

## 2000 Accomplishments in Access to Family Health Services

- Revision of the family health products logistics management system, including a departmental warehouse
- Training of more than forty health workers to use the new logistics management tools
- Training of health workers and community members in the use of a scoring tool for effective management of family health products
- Development of consensus on the definition of integrated family health services
- Development of a CBSA training curriculum, and training of 20 CBSA Trainers and 115 CBSA

## 2000 Accomplishments in Health Worker Capacity

- Introduction of IMCI as an integrated approach to maternal and child care in the community, and integration of IMCI community norms into the community health worker curriculum
- Evaluation of the content, dissemination and use of MOH policies, norms and standards
- Development of consensus on in-service training and the introduction of formative supervision for family health
- Development of the training module for formative supervision
- Establishment of a performance monitoring system to strengthen and reinforce skills acquired through training
- Organization of training sessions based on specific needs identified by health care providers
- Establishment of the departmental training team and training of members in adult learning methods

based. As part of improving the quality of training, health workers identify the specific tasks they will be expected to perform following their training. Each participant is required to develop an application plan for integrating the newly learned skills into his or her routine work upon return to the health centers. Follow-up and monitoring after training assess the quality of participants performance. Follow-up visits three to four months after training revealed that performance was very variable. In some cases, equipment insufficiencies contributed to the performance deficits. On the whole, however, there were improvements and health workers noted

that they had seen increases in use of health centers and that they found the follow-up visits encouraging.

### 4. Increased Knowledge and Behaviors Supporting Use of Family Health Services, Products and Prevention Measures

This year PROSAF followed a two-pronged strategy for behavior change. The strategy focused on providing better information, working primarily through traditional media, as well as improving community participation in health and community-based health services. Continued effort was directed toward strengthen-

*“I did not know how to correctly prepare decontamination solution, but after many preparations as practice in the classroom during the training. I can now say that I know how to prepare it. From now on, I know I’ll avoid infections in my work place.”*

ing the capacity of the Departmental IEC/BCC Committee.

As a basis for its health information campaigns, PROSAF carried out a survey of family health knowledge, attitudes and practices (KAP). The KAP survey collected information from approximately 1,000 women and 400 men of reproductive age across the two departments. Significant results from the KAP survey are listed in the box below.

Seven traditional media groups, including griots, dancers, and theater groups, participated in training to develop and test family health messages for dissemination. The presentation of

these messages on family planning and measures to protect children against disease took place over a ten-week period in the communities of the two concentration zones. In addition to the seven media groups, local radio stations in Banikoara and Bembèrèkè also participated. Communities have shown a strong commitment to, and are actively participating in, health communication activities through traditional channels.

The 1999 Management Assessment revealed that, in assessing the counseling performance of health workers, only 26% of the IEC sessions in health centers were conducted according to minimum norms. It also showed that clients were least informed/counseled on issues of family planning and child health. In its IEC/BCC training PROSAF has emphasized improvement of interpersonal communication, as provider-client interaction is essential to improving utilization of family health services. A training curriculum in interpersonal com-

munication was developed, consisting of three manuals (a reference manual, a participant guide and a training manual). It reflects PROSAF's overall training approach, based on adult learning principles and competency-based training. PROSAF held an initial training session for 18 health workers and focused on developing IEC and counseling skills through role-playing. Further training of health workers is planned for 2001.

### **5. Increased Community Involvement in Planning and Delivery of Community Level Health Service and Prevention Measures in Selected Target Areas**

Community mobilization for health activities is a very successful component of PROSAF's work, led by Community Facilitators based in the concentration zones. The fundamental tenets of this process include capacity building, resource mobilization, decentralization and community responsibility, and

## **Key KAP Survey Results**

- Knowledge of three or more modern contraceptive methods is extremely low for both men and women (7% and 6% respectively), and use of a modern method is also low
- Knowledge of one symptom of malaria and acute respiratory infections is reasonably high overall—87% for malaria and 70% for respiratory infections
- Nearly half of all households surveyed (47%) possess a mosquito net, and 55% of people cite nets as a means of preventing malaria
- The proportion of children who are completely vaccinated before their first birthday is 37%—a decrease from 49% as noted in the 1996 Demographic and Health Survey
- Knowledge of two or more STI symptoms is very low overall (11%), with a noticeable difference between women (6%) and men (23%)
- Radio is the primary source of health information (87%), followed by health workers (19%)



## 2000 Accomplishments in Increasing Knowledge and Changing Behaviors

- Establishment of Departmental IEC/BCC Committee and training of members in communication techniques and strategies
- Inclusion of lessons on interpersonal communication in all training curricula
- Support to the DDSP in organization of World Health Day, World Population Day, National Vaccination Days, and World AIDS Day activities in the Borgou/Alibori
- Provision of assistance and input to the FRONTIERS project for qualitative research on the dynamics of household decision-making in relation to family health service use and health expenses in the Borgou/Alibori

dissemination of successful community experiences. This is an empowering process, as community members gain skills and experience in analyzing their needs and resources, and developing appropriate local solutions.

PROSAF has identified the training needs and strengthened

the capacity of the commune health management committees (COGECs) to assume their role in managing resources and increasing community participation in health prevention and outreach. PROSAF first met with communities in the concentration zones to identify/re-energize their COGECs. PROSAF then

assisted the committees to work with the communities to conduct self-assessment workshops in which 1,989 community representatives were taught planning and coordination skills. 332 (13%) of the participants were women and this is considered to be a major accomplishment in this traditionally male-dominated

society. Their input during the self-assessment resulted in high quality information on the health situation of women and children.

The community mobilization carried out by PROSAF is based on the use of participatory learning approaches. The result has been a better understanding by the COGECs and communities of their responsibilities in ensuring the health of their families. The training also has helped them to recognize the importance of community participation and support for health services, both those provided in health centers and those provided by community health agents.

These are only some of the many important activities carried out by PROSAF during 2000.

As the second year of work came to a close, it was clear that PROSAF had made great strides in building solid partnerships with all key actors in the local health system, as well as with those at the central level. Many of the systems, processes and behaviors that PROSAF seeks to influence are complex and slow to change, yet PROSAF is already seeing the first fruits of its labors. Health personnel are excited about the possibilities that the quality assurance approach offers, and community members are eager to participate in decisions that affect their health. PROSAF still faces many challenges in the years ahead, but the groundwork for success is firmly in place.

## 2000 Accomplishments in Community Mobilization for Health

- Assessment of community participation in health service management through COGEC/COGES self-assessment, and teaching skills in planning and management
- Assurance of significant participation of women (13%) in self-assessment workshops
- Execution of a study of income generating activities in Benin and recommendation of a model to be used in the Borgou/Alibori
- Integration of community priorities into zone level strategic plans
- Creation of demand by health workers to learn local languages







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